# Bradyarrhythmias Practice Guidelines

**Definition:** A disturbance in heart rhythm that decreases heart rate to < 60.
**(2nd degree and 3rd degree HB, pacer malfunction, Sick Sinus Syndrome, symptomatic bradycardia)**

**Goal:** Maintain optimal cardiac output, renal perfusion, and neurologic function.

| Clinical Presentation | Assessment and Monitoring | Interventions | Documentation |
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| Physical exam | 1. Continuous cardiac monitoring<br>2. Presence of hypotension<br>3. Mental status changes, decrease LOC, restlessness, confusion<br>4. Urine output q 2hr<br>5. Respiratory effort and O2 requirement<br>6. Presence of pacer/AICD<br>7. History of cardiac transplant<br>8. Skin color, temperature, and appearance | 12 lead EKG<br><br>Obtain ABG to r/o acidosis<br><br>Maintain urine output > 30cc/hr<br><br>Defibrillator at Bedside<br><br>Atropine at Bedside, Isuprel if history of cardiac transplant | Vital signs q 15min until intervention then q 1hr when stable<br><br>Cardiac rate and rhythm<br><br>Neuro assessment q4h and prn<br><br>Respiratory effort and O2 therapy q 4hr and prn<br><br>Urine output q 1hr<br>Skin assessment q 4hr |
| Lab values | Monitor electrolytes daily and prn<br>Monitor ABG prn in presence of acidosis | Replace and/or treat electrolyte abnormalities<br>Correct acidosis | Trend pre and post treatment |
| Medications | Presence of hypotension<br><br>Atropine | Administer vasoactive medication to maintain MAP> 60 per MD order, via central access<br><br>Administer with symptomatic bradycardia per MD order | Pt response and vital signs q 15min while titrating and q1hr when stable<br>Site of access and patency<br><br>Pt response and HR |

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| | Isuprel | Administer with symptomatic bradycardia, if post cardiac transplant per MD order | Pt response and HR |
| Devices | Transcutaneous/ transvenous pacer | Prepare for set-up and insertion<br><br>Verify pulse presence after initiation of therapy<br><br>Correct acidosis | Settings q 1hr and with changes. |